

Supplemental Application Data Sheet

Application Information

Serial No.::	<u>10/571,242</u>
Filing Date::	<u>04/30/07</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	TUMOR SUPPRESSOR LKB1 KINASE DIRECTLY ACTIVATES AMP-ACTIVATED KINASE
Attorney Docket Number::	B0662.70057US01
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Lewis
Middle Name::	C.
Family Name::	CANTLEY
<u>City of Residence::</u>	<u>Cambridge</u>
<u>State or Province of Residence::</u>	<u>Massachusetts</u>
Street of mailing address::	43 Larch Road

City of mailing address::	Cambridge
State or Province of mailing address::	Massachusetts
Country of mailing address::	U.S.
Zip Code of mailing address::	02138
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Reuben
Middle Name::	J.
Family Name::	SHAW
<u>City of Residence::</u>	<u>San Diego</u>
<u>State or Province of Residence::</u>	<u>California</u>
Street of mailing address::	<u>c/o Salk Institute for Biological Studies</u> <u>Post Office Box 85800</u> c/o Beth Israel Deaconess Medical Center, Inc. <u>330 Brookline Avenue, RN-325</u>
City of mailing address::	<u>San Diego Boston</u>
State or Province of mailing address::	<u>California Massachusetts</u>
Country of mailing address::	U.S.
Zip Code of mailing address::	<u>92186-5800 02245</u>
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Nabeel
Middle Name::	
Family Name::	BARDEESY
<u>City of Residence::</u>	<u>Boston</u>
<u>State or Province of Residence::</u>	<u>Massachusetts</u>
Street of mailing address::	<u>c/o Center for Cancer Research</u>

Simches Bldg., CPZN 4200, 4th Floor
185 Cambridge Street
~~e/o Dana-Farber Cancer Institute, Inc.~~
44 Binney Street

City of mailing address:: Boston
State or Province of mailing address:: Massachusetts
Country of mailing address:: U.S.
Zip Code of mailing address:: 02114 02115

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Ronald
Middle Name:: A.
Family Name:: DEPINHO
City of Residence:: Brookline
State or Province of Residence:: Massachusetts
Street of mailing address:: 565 Boylston Street
City of mailing address:: Brookline
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Correspondence Information

Correspondence Customer Number:: 23628

Representative Information

Representative Customer Number:: 23628

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	US2004/029437	09/09/04
US2004/029437	claims priority to	60/501513	09/09/03
US2004/029437	claims priority to	60/506705	09/26/03

Foreign Priority Information**Assignee Information**

Assignee name:: Beth Israel Deaconess Medical Center, Inc.
Street of mailing address:: 330 Brookline Avenue
City of mailing address:: Boston
Country of mailing address:: Massachusetts
Postal or Zip Code of mailing address:: 02215

AND

Assignee name:: Dana-Farber Cancer Institute, Inc.
Street of mailing address:: 44 Binney Street
City of mailing address:: Boston
Country of mailing address:: Massachusetts
Postal or Zip Code of mailing address:: 02115